

FILED AUG 6 1942 791

Registration District No.

Primary Registration District No.

1003

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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County.....
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4181 Walsh St. /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... (Specify whether
In this community.....
years, months or days)

3. (a) PRINT FULL NAME Maynard N. Zeis

3. (b) If veteran, name war. None 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced. Single

6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased. Feb. 20th 1926
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
16 5 5 hr. min.

9. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation. High School Student

11. Industry or business.....

MOTHER FATHER { 12. Name Henry Zeis
13. Birthplace Illinois /
(City, town, or county) (State or foreign country)

{ 14. Maiden name Mathilda Booley
15. Birthplace Columbia Illinois /
(City, town, or county) (State or foreign country)

16. (a) Informant Henry Zeis
(b) Address 4181 Walsh St.

17. (a) Burial (b) Date thereof 7-28-42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place, burial or cremation Walter Columbia Illinois

18. (a) Signature of funeral director Kriegshauser Mortuar
(b) Address 4228 So. Kingshighway Blvd.

19. (a) 111 27 1942 (b) J. J. [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4181 Walsh St.
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country..... 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 25th
year 1942 hour 11:20 minute A.M. M.

21. I hereby certify that I attended the deceased from April 23 to July 25, 1942
and that death occurred on the date and hour stated above. 1942

Immediate cause of death metastasis - carcinoma to abdomen and lungs
Due to Carcinoma (teratoma) right testicle
Due to.....

Duration

?

9 months

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings: Teratoma of right testis

Of operations.....
Of autopsy.....

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....
(b) Date of occurrence.....
(c) Where did injury occur?..... (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work?..... (Specify type of place) (e) Means of injury.....

23. Signature Charles P. [Signature] (M. D. or other) 0
Address 652 Century Park Date signed 7-27-42

Dec: 27 1958

Pa: 1858

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Edwin M. Berwick

Licensed Embalmer No.....

3024

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.